

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/12/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155240		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 07/25/2011	
NAME OF PROVIDER OR SUPPLIER  LYONS HEALTH AND LIVING CENTER INC				STREET ADDRESS, CITY, STATE, ZIP CODE CR 800 WEST LYONS, IN47443			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 07/25/11</p> <p>Facility Number: 000144 Provider Number: 155240 AIM Number: 100266760</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Lyons Health and Living Center, Inc. was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type V (000)</p>			K0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K0062 SS=F	<p>construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and battery operated smoke detectors in all resident rooms. The facility has a capacity of 85 and had a census of 49 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 07/27/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>Based on record review and interview, the facility failed to provide written documentation or other evidence the sprinkler system components had been inspected and tested for 1 of 4 quarters. LSC 4.6.12.1 requires any device, equipment or system required for compliance with this Code be maintained in accordance</p>			K0062	<p>This plan of correction is to serve as Lyons Health and Living Community's credible allegation of compliance.</p> <p>Submission of this plan of correction does not constitute an admission by Lyons Health and Living Community or its management company that the allegations contained in the survey report is a true and accurate portrayal of the provision of nursing</p>		08/24/2011

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	<p>with applicable NFPA requirements. Sprinkler systems shall be properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 1-8 requires records of inspections and tests of the sprinkler system and its components shall be made available to the authority having jurisdiction upon request. Typical records include, but are not limited to valve inspection; flow, drain, and pump tests; trip tests of dry pipe, deluge and preaction valves. NFPA 25, 2-2.6 requires alarm devices shall be inspected quarterly to verify they are free of physical damage. NFPA 25, 2-3.3 requires waterflow alarm devices including but not limited to mechanical water motor gongs, vane-type waterflow devices, and pressure switches that provide audible or visual signals shall be tested quarterly. This deficient practice could affect all residents, staff, and visitors in the facility.</p> <p>Findings include:</p>				<p>care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations. K062 NFPA 101 Life Safety Code Standard</p> <p>I &amp; II Sprinkler system will be inspected quarterly, last inspection completed in July, 2011 following inspection will be performed in October 2011.</p> <p>III. The systemic change will be that the facility has the sprinkler system inspected by service provider quarterly to ensure proper working order. Service provider was changed to new company in April 2011.</p> <p>IV. The Administrator and/or Maintenance Director will perform quarterly audit to ensure the sprinkler system has been inspected by service provider. Quarterly inspections will continue for a total of 12 months. The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting and frequency and duration of reviews will be adjusted as needed. Completion date: 8/24/11</p>		

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K0144 SS=F	<p>Based on review of the quarterly sprinkler system inspection records in the Life Safety book on 07/25/11 at 9:30 a.m. with the Maintenance Supervisor present, there was no quarterly sprinkler system inspection report available for the first quarter (January, February, and March) of 2011. During an interview on 07/25/11 at the time of record review, the Maintenance Supervisor indicated there was no written documentation or other evidence the sprinkler system had been inspected during the first quarter of 2011.</p> <p>3.1-19(b)</p> <p>Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 emergency generators was equipped with a remote manual stop. LSC 7.9.2.3 requires emergency generators providing power to emergency lighting systems shall be installed, tested and maintained in accordance with NFPA 110,</p>			K0144	<p>This plan of correcton is to serve as Lyons Health and Living Community's credible allegation of compliance.</p> <p>Submission of this plan of correcton does not consttute an admission by Lyons Health and Living Community or its management company that the allegatons contained in the survey report is a true and accurate portrayal of the provision of nursing</p>		08/24/2011

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	<p>Standard for Emergency and Standby Power Systems. NFPA 110, 1999 edition, 3-5.5.6 requires Level II installations shall have a remote manual stop station of a type similar to a break-glass station located elsewhere on the premises where the prime mover is located outside the building. NFPA 37, Standard for the Installation and Use of Stationary Combustion Engines and Gas Turbines, 1998 Edition, at 8-2.2(c) requires engines of 100 horsepower or more have provision for shutting down the engine at the engine and from a remote location. This deficient practice could affect all occupants in the facility.</p> <p>Findings include:</p> <p>Based on observation of generator equipment on 07/25/11 at 11:00 a.m. during a tour of the facility with the Maintenance Supervisor, evidence of a remote shut off device was not found for the generator, furthermore, during observation of the generator the Maintenance Supervisor indicated the generator was installed within</p>				<p>care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations. K144 NFPA 101 Life Safety Code Standard</p> <p>I. Remote Manual Stop will be installed on the emergency generator.</p> <p>II. There are no other emergency generators located on the property.</p> <p>III. The Remote Manual Stop will be installed, tested and maintained on a monthly basis.</p> <p>IV. The Administrator and/or Maintenance Director will complete monthly generator log audit to ensure that generator is equipped with remote manual stop and in proper working order. Monthly inspections will continue for a total of 6 months. Any identified concerns will be addressed. The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting and frequency and duration of reviews will be adjusted as needed. Completion date: 8/24/11</p>		

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	the past one and a half years. Finally, based on interview at the time of observation, the Maintenance Supervisor indicated there was no remote shut off device for the generator.  3.1-19(b)						